



Dcp & Ref

Patent

Attorney's Docket No. 1018656-000263

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of) MAIL STOP 16
Atsushi Ishikawa) Group Art Unit: 2625
Application No.: 09/996,786) Examiner: Charlotte M. Baker
Filed: November 30, 2001) Confirmation No.: 4572
For: IMAGE PROCESSING)
APPARATUS)

-7 PM 4:47

REQUEST FOR REFUND

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Date: June 6, 2007

Sir:

This Request for Refund is submitted to request a refund in the amount of \$120.00 for a first extension of time fee that was erroneously charged to Applicant's representatives' Deposit Account 02-4800.

A response to the Office Action dated September 22, 2006 was timely filed in the PTO on December 21, 2006, as evidenced by the attached photocopy of the Mail Room Date Stamped Postcard Receipt. No extension of time was required with the December 21, 2006 submission.

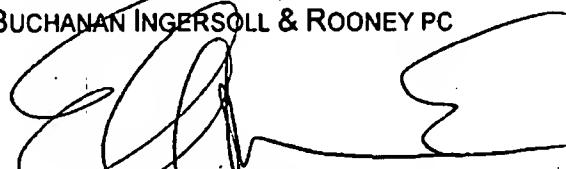
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Page 2

The Commissioner is hereby requested to credit Deposit Account 02-4800 in
the amount of \$120.00, referencing Attorney Docket No. 1018656-000263.

Respectfully submitted,

BUCHANAN INGERSOLL & ROONEY PC

By:


Ellen Marcie Etnas
Registration No. 32131

Date: June 6, 2007

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Patent Response Postcard

47

Inventor: Atsushi Ishikawa Appln. No.: 09/996,786 Filing Date: November 30, 2001
Docket No.: 1018656-000263 Working Att'y.: EME/ame Date: December 21, 2006

Title: IMAGE PROCESSING APPARATUS

Dkt. Clerk Initials



The following was/were received in the U.S. Patent and Trademark Office on the date stamped hereon:

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|--|---|
| <input checked="" type="checkbox"/> Amendment or Response | <input type="checkbox"/> Transmittal Letter for Missing Parts of Application |
| <input type="checkbox"/> Preliminary Amendment | <input type="checkbox"/> Executed Declaration/Power of Attorney |
| <input checked="" type="checkbox"/> Amendment/Reply Transmittal Letter | <input type="checkbox"/> Assignment/Assignment Recordation Form Cover Sheet (PTO-1595) |
| <input type="checkbox"/> Petition for _____ Month Extension of Time | <input type="checkbox"/> Submission of Certified Copy of Priority Document w/ _____ certified copy(ies) |
| <input type="checkbox"/> Submission of Formal Drawings w/ _____ sheet(s) of drawings (Fig(s). 1- | <input type="checkbox"/> Information Disclosure Statement Transmittal |
| <input type="checkbox"/> Request for Approval of Drawing Changes w/ _____ sheet(s) of red ink drawings | <input type="checkbox"/> Information Disclosure Citation (PTO-1449) |
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| <input type="checkbox"/> Appeal Brief | <input type="checkbox"/> Request for Continued Examination |
| <input type="checkbox"/> Request for Oral Hearing | <input type="checkbox"/> Issue Fee Transmittal |
| <input type="checkbox"/> Reply Brief | <input type="checkbox"/> Request for Corrected Notice of Recordation of Assignment w/Copy of Notice |
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| <input type="checkbox"/> Submission of Corrected Drawings |
| <input type="checkbox"/> Payment of Issue Fee and Authorization to charge Deposit Account |
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| <input type="checkbox"/> Supplemental Application Data Sheet |
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